

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042302

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

1770

FILED DEC 8 1962

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN SPRINGFIELD

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

314 E. DIVISION

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

GUY

Middle

E.

Last

ROGERS

4. DATE OF DEATH

Month

NOV.

Day

29

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11/8/95

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

WEBSTER CO. MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

MARK P. ROGERS

13b. MOTHER'S MAIDEN NAME

SARAH SMITH

14. NAME OF HUSBAND OR WIFE

FAY R. ROGERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

FAY R. ROGERS, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepato-renal failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Laurenc's Cirrhosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma, left adrenal cortex.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N.☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1961 to Nov 29th and last saw him alive on Nov 28, '62

Death occurred at 1:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Don J Silsby MD

22b. ADDRESS

Springfield, Mo

22c. DATE SIGNED

12/3/62

23a. BURIAL, CREMATION REMOVAL (Specify)

BURIAL

23b. DATE

12/1/62

23c. NAME OF CEMETERY OR CREMATORY

GREENLAWN

23d. LOCATION (City, town, or county)

SPRINGFIELD, MO.

(State)

24. FUNERAL DIRECTOR ADDRESS

H. H. LOHMEYER FUNERAL HOME

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

12-4-62

26. REGISTRAR'S SIGNATURE

Effie S. Meelen

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

0397

8.397

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Permit 11-30-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Levin T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.